APPLICATION FOR EMPLOYMENT

KAMM EXCAVATING CORPORATION
CHARLES CITY, IA 50616

1301 HILDRETH STREET
(641) 228 - 7965

JOB APPLYING FOR_____DATE_____
NAME_____SOCIAL SECURITY #_____
ADDRESS_____CITY_____
STATE_____ZIP_____PHONE_____

SEX MALE___ OR FEMALE___ DATE OF BIRTH_____HEIGHT FT_____IN_____WT_____

USA CITIZEN Y OR N YEARS IN STATE_____MILITARY STATUS_____VETERAN_____
ARE YOU PREVENTED FROM BECOMING EMPLOYED IN THE USA BECAUSE OF VISA OR IMMIGRATION STATUS? YES OR NO WILL YOU BE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED? YES OR NO

ARE YOU AVAILABLE TO WORK ____FULL TIME____PART TIME____SHIFT____TEMPORARY
ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? YES OR NO CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES OR NO DO YOU HAVE A VALID DRIVERS LICENSE YES OR NO
IF YES, PLEASE SPECIFY THE TYPE OF LICENSE ____OPERATOR ____COMMERCIAL (CDL)
LICENSE NUMBER_____EXPIRATION DATE_____

HAVE YOU HAD A MOTOR VEHICLE ACCIDENT OR MOVING VIOLATION IN THE PAST 3 YEARS? YES OR NO
IF YES, PLEASE EXPLAIN_____

WHAT TYPES OF EQUIPMENT CAN YOU OPERATE OR REPAIR?_____

PHYSICAL HISTORY . . . . . HAVE YOU EVER HAD OR DO YOU HAVE NOW:

BACK TROUBLE	Y OR N	HEART TROUBLE	Y OR N
BREATHING PROBLEMS	Y OR N	HERNIA	Y OR N
DIABETES	Y OR N	SILICOSIS	Y OR N
DIFFICULTY-BENDING -STOOPING	Y OR N	TRICK JOINTS	Y OR N
		DIZZINESS	Y OR N
TUBERCULOSIS	Y OR N	EPILEPSY	Y OR N
NERVOUS DISORDERS	Y OR N		

PLEASE DESCRIBE ANY "YES" ANSWERS_____

PHYSICAL IMPAIRMENTS (IF ANY)
ANY DEFECTS IN:
WEIGHT_____HEIGHT_____SPEECH_____HEARING_____SIGHT_____FEET_____HANDS_____
EXPLAIN BRIEFLY ANY ITEM YOU CHECKED:_____
HOW MUCH TIME HAVE YOU LOST THROUGH INJURY OR ILLNESS IN THE PAST TWO YEARS?_____
WHAT WAS THE NATURE OF YOUR INJURY OR ILLNESS?_____
NAME AND ADDRESS OF DOCTOR_____
WHAT IS THE PRESENT CONDITION OF YOUR HEALTH_____
HAVE YOU EVER RECEIVED WORKERS COMPENSATION? YES OR NO DATE OF INJURY_____
IF YES, PLEASE DESCRIBE_____
EMPLOYER AT TIME OF INJURY